

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Registrar's No. 120

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

Place of Birth Hayden
(Registration District)

County Yuma

No. _____

St. _____

SEX OF CHILD*	Twin Triplet or other?	and	Number in order of birth
<u>Female</u>			

I HEREBY CERTIFY that the child described herein
has been named

DATE OF BIRTH February 9 1924
(Month) (Day) (Year)

Mrs. Luisa Ernestina Rodriguez
(Give name in full) (Surname)

FULL NAME Victor R Rodriguez
FATHER

Victor R Rodriguez
(Parent's Signature)

FULL MAIDEN NAME Commendador
MOTHER

Dr. Harry C. Ladewig
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

7/11/40

499-209-359